FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N25673

(7)

AGAPE	CHRISTIAN	COMMUNITY	CHURCH.	INC.

Principal Place of Business Mailing Address						- I KOBUNDU END NEAU DYNA DUNU NDD	OO IIKA BIRKI BIRKI DIGI		(1011 0101 100)					
				6 ARLINGTON ROAD KSONVILLE FL 32211										
										3. Date Incorporated or Qualified 03/30/1988	3a. Date of 02/2			
	Principal Pla Same.				Mailing Add		above			4. FEI Number 59-1735872		-	Applied For	
21	Suite, Apt. I		006	26	Suite, Apt. 4		above		·	39-1733072			Vot Applicable	
22				27		, etc.				5. Certificate of Status Desired	1 1		Additional Required	
23	Crty & State			28	City & State					6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
<u> </u>	Zip	 			Country		8. This corporation has liability for intangible tax under s. 199.032,							
24			25	29			30			Florida Statutes				
		9. Name	and Address of Curr	ent Regis	stered Agent			81	Name	10. Name and Address of New F	legistered Agen	<u>t</u>		
	DE41 17	F(T) 1.4						<u> </u>	name					
	DEAL, KEITH M. 101 BARNETT REGENCY TOWER						82	Street Addr	ddress (P.O. Box Number is Not Acceptable)					
		NVILLE FL					1	83						
	UNDINOC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J2211									,		
								84	City		FL 85	Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the about registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						ized by the co	e-n orpx	named corpor pration's boar	ation submits this statement for the pured of directors. I hereby accept the app	rpose of changing ointment as regis	its re tered	egistered office agent. I am		
SI	GNATURE _	Classia	or printed name of registered ay							- Name of Administration of the Control of the Cont				
12		algi atale (yper)	OFFICERS A				NOTE: Registered /	agent	t signature required	ADDITIONS/CHANGES 10 OF F	DATE ICE ES AND DIRE	CTO	RS IN 12	
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C+T	Y-ST-ZIP	JACKS(NVILLE FL				1.4 CIT	Y - \$1		Jacksonville, FL				
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NAI	ME		SO, MARIO P.				2 2 NA	ΙĘ		Ann G. Richman				
SIF	REET ADDRESS		zzaro road				2 3 STF	EET.	ADDRESS 1	13174 Ebbtide Cou	rt			
	Y-\$1-ZIP		INVILLE FL		Page	FTC	2 4 CI		T · ZIP	ax., re	<u> 32225</u>			
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_	Y-ST-ZIP	u nortify that	the information eurolic	al (with this	files is uslan	torit. 4	6 4 CIT	Y - ST	T-ZIP	or the promotion stated in Costion 110	02(0)(0) 51-13-0	N - 6 - 5	1 &at	

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

724-9848

1-17-96

Daytime Phone #

CR2E037 (12/95)